

Name in Full		Andrew J Baker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 190		Month	Day	Years	Months	Days
	2 August		8 th	Age		2	15-
	Sex Male		Color or Race		Birth-place		
			Colored		Annapolis		
	Married, Single or Widowed		Occupation				
Name of Wife or Husband							
Father's Name		Andrew J. Baker				Father's Birthplace	
						Virginia	
Mother's Maiden Name		Maggie E. Ross				Mother's Birthplace	
						Annapolis	
Name of person giving information		Maggie E. Ross				How related to deceased	
						Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus 105			How long	
						Two weeks	
	Immediate		Asthma			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		No. Physician					
		Address					
		Investigated by Health Officer					
Accident or Suicide?							



Certificate of Death

Died at ^{Town} *Odeson* ^{County} *Anne Arundel* MARYLAND

Husband of _____
 Wife _____
 Father's Name Sanford Bennett Mother's Maiden Name Nancy Okie

Cause of	Primary	<i>Symptoms</i>	How long sick
Death	Immediate	<i>Heart failure</i>	<i>for years</i>
			Accident, Suicide, Homicide

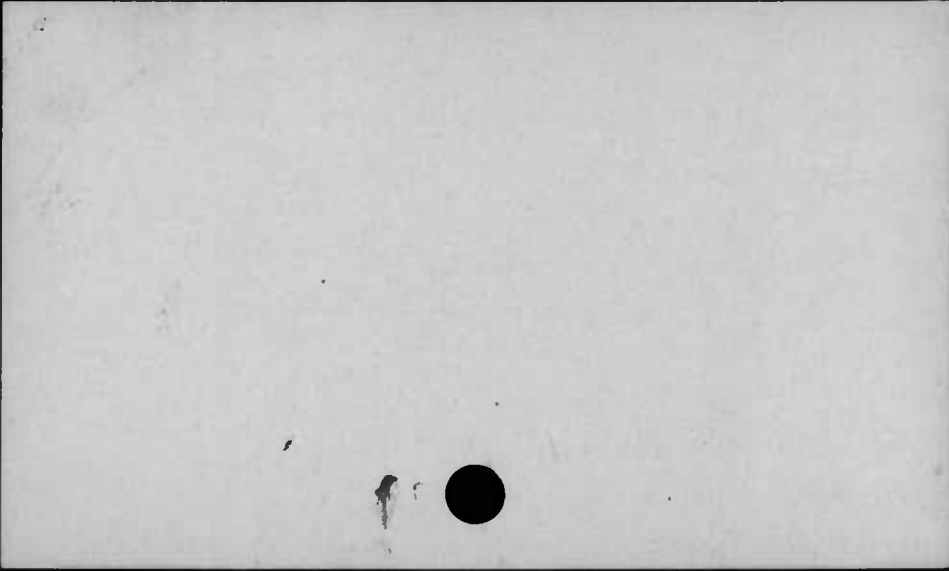
Reported by J. W. Drubbs M.D.
Address Garrettsville Mo

154

✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Clara Augusta Boyer

Town

County

Died at Near Maynards Anne Arundel MARYLAND

Date 1902 Aug 15 Y. M. D. Native of Md Occupation
~~Male~~ ~~White~~ ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of
 Wife

Father's Name Wm H Boyer Mother's Maiden Name Christiana Curry

Cause of Death { Primary Drowning
 Immediate Convulsions 91
 How long sick
 Accident, Suicide, Homicide

Reported by Geo. H. Cranen

Address Arnegers ayles Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Walter Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>AA</i>		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	2	August	3		2	15	
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Annapolis</i>
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>John W. Brown</i>				<i>105 Annapolis</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Annie E. Simms</i>				<i>Annapolis</i>			
Name of person giving information				How related to deceased			
<i>Annie E. Simms</i>				<i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>One week</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Ridout M.D.</i>	
		Address	
		<i>Annapolis</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Carroll Lee Disney

Died at Admiral

Anne Arnold

MARYLAND

Date 1902

8 - 28

Age

24

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

20

Father's Name Sumnerfield C. Disney

Mother's Name Della Disney

Cause Primary

Septicemia - 5 days

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

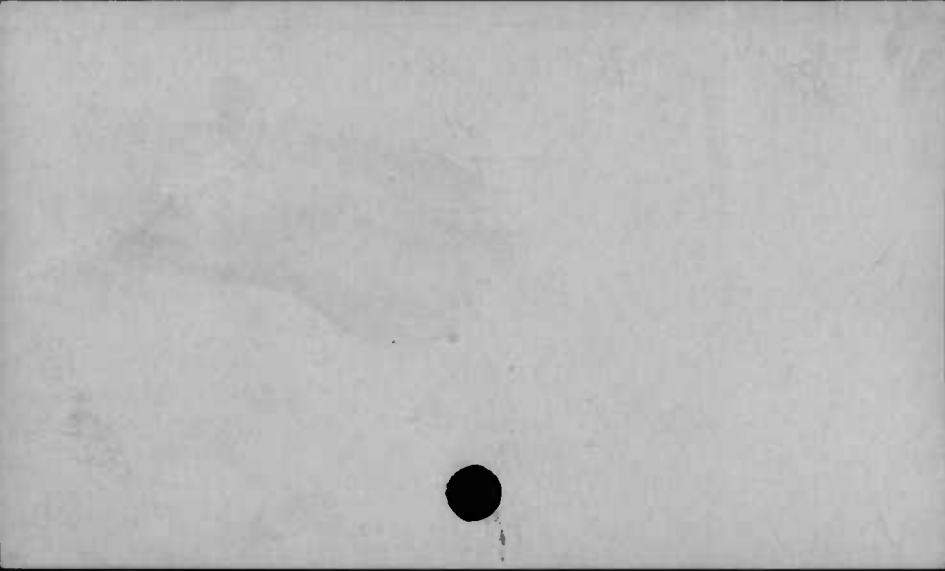
R. F. Hammond M. D.

Address

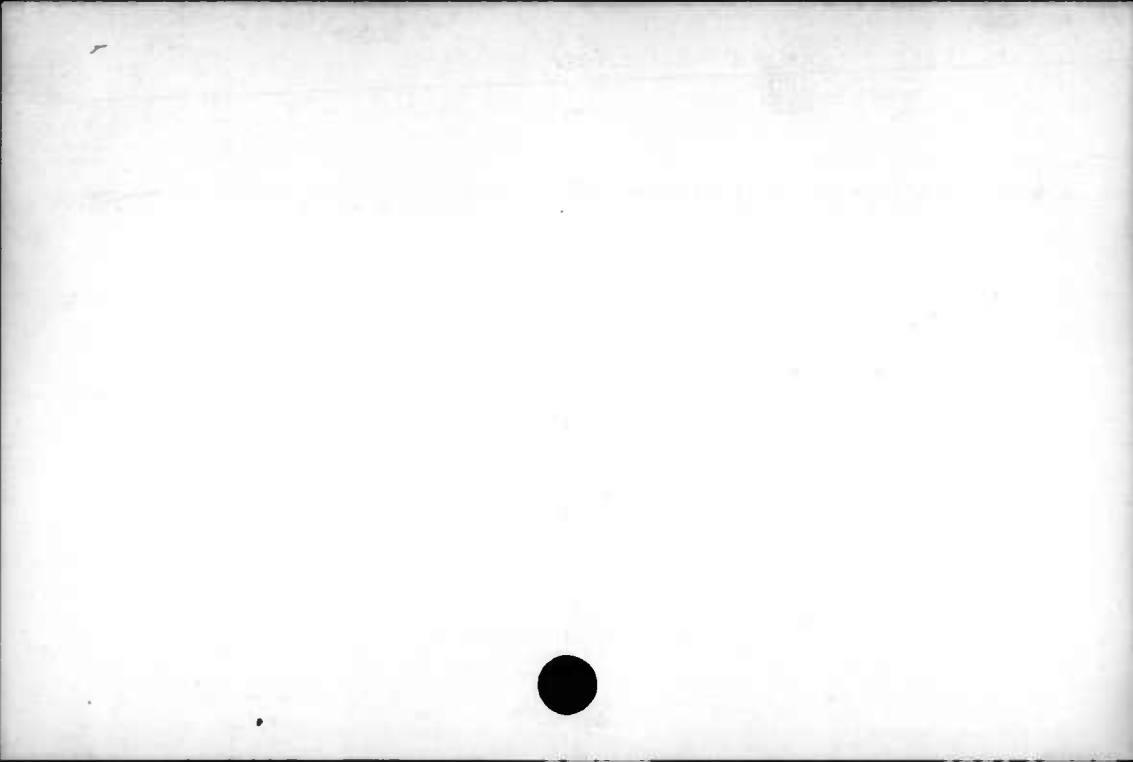
Jessup, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		Roland Edwards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Williams		County Anne Arundel		MARYLAND
	Date of death 190		2	Month August	21	Day	Age
	Sex		Male		Color or Race		Colored
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband				Birth-place		Anne Arundel Co
	Father's Name		George Edwards		Father's Birthplace		Atco Md
	Mother's Maiden Name				Mother's Birthplace		Atco Md
Name of person giving information		Harry Edwards		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
					2 weeks		
	Immediate				How long		
	Inflammation of the Bowels						
Are the name, age, sex, color, date and place correctly given above?				yes			
Signature of Physician				C R Winkerson			
Address				Elkridge Md			
Accident or Suicide?							



Charles Fields

Town

County

Died at Annapolis Anne Arundel

MARYLAND

Date 1902 Aug 29 | Age 87 - - | Native of Ind | Occupation Laborer

• Male

~~White~~~~Married~~

Widow

Divorced

Number of children living 1

~~Female~~

Colored

Single

Widower

Husband of

Wife

Father's

Name

Fields

Mother's

Maiden Name

Matilda Washington

Cause of

Primary

Trauma

How long sick

36 hrs

Death

Immediate

Cerebral haemorrhage

Accident, Suicide, Homicide

Reported by

Sewell S. Hephburn Ind.

Address

Annapolis Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rosa E Hamilton

Town

County

MARYLAND

Died at Millersville Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

6

Age

5

3

11

old

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widow

Number of children living

Husband of

Wife

Father's Name Wm Hamilton

Mother's

Maiden Name

Bertha A Parker

Cause of

Primary

Cerebro Spinal Meningitis 18 days

Death

Immediate

Syncope

How long sick

~~Accident, Suicide, Homicide~~

Reported by

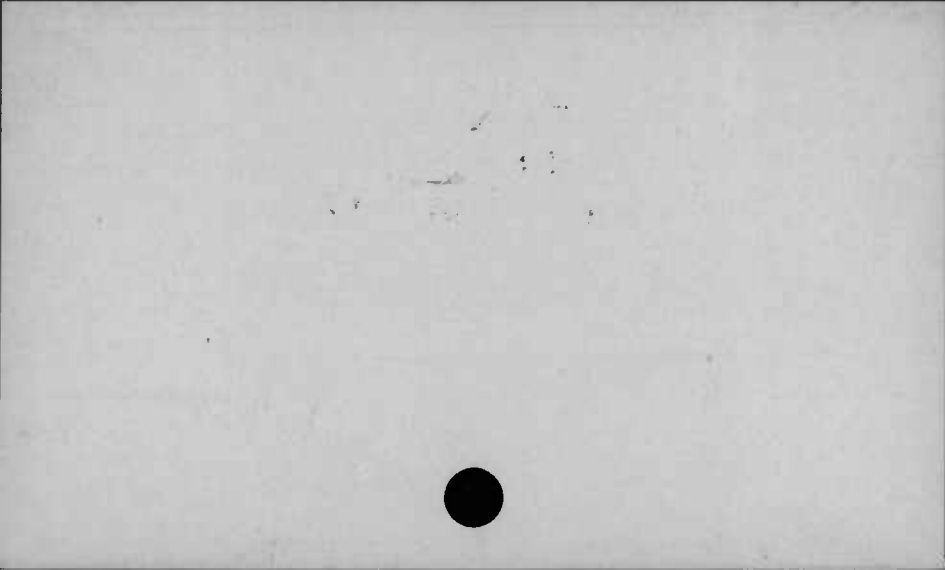
J W Dutton MD 6/12

Address

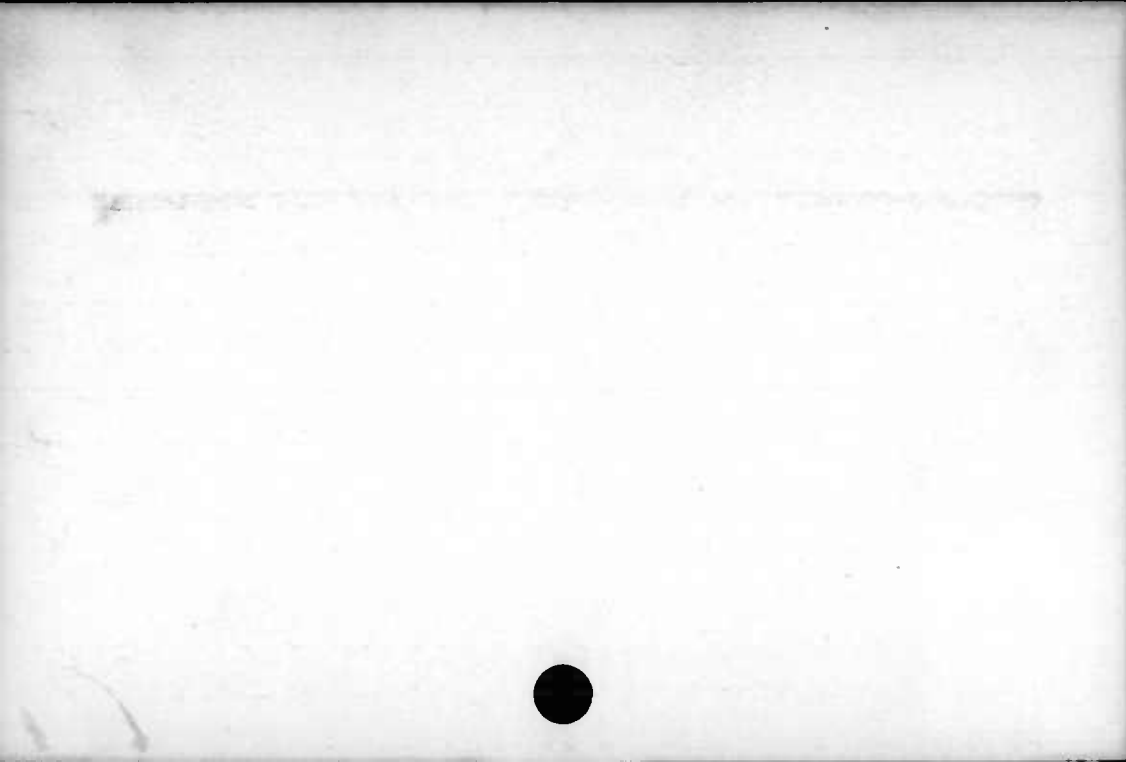
Gumballs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Rothian		ad		MARYLAND					
		Date		Month		Day		Years		Months		Days	
		of death 1902		August		28		Age 10				18	
		Sex		Female		Color or Race		Black		Birth-place		Rothian Md	
		Married, Single or Widowed		Single		Occupation		School girl					
		Name of Wife or Husband											
		Father's Name						John Harris					
Father's Birthplace						Rothian Md							
Mother's Maiden Name						Jenny Hall							
Mother's Birthplace						Rothian Md							
Name of person giving information						Jennie Harris							
How related to deceased						Sister							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary				Typhoid				How long		3 weeks	
		Immediate				Perforation				How long		3 hours	
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician			
										Address			
										West River Md			
		Accident or Suicide?				Neither							



Name In Full

Certificate of Death

Annie Hilliard

Town

County

Died at Home, near Lake Shore Anne Arundel MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Aug 27 Age 39 Md Housekeeper

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

How long sick

24 hours

Death Immediate Congestion of brain

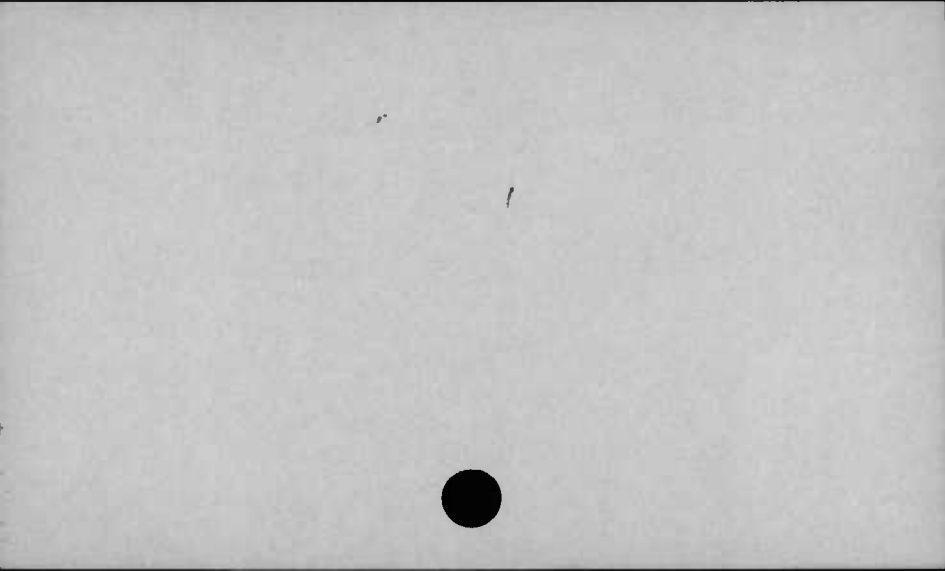
Accident, Suicide, Homicide

Reported by Geo. H. Crandall

Address Armitage

Anne Arundel Co
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Herbert Hughes

CERTIFICATE OF DEATH

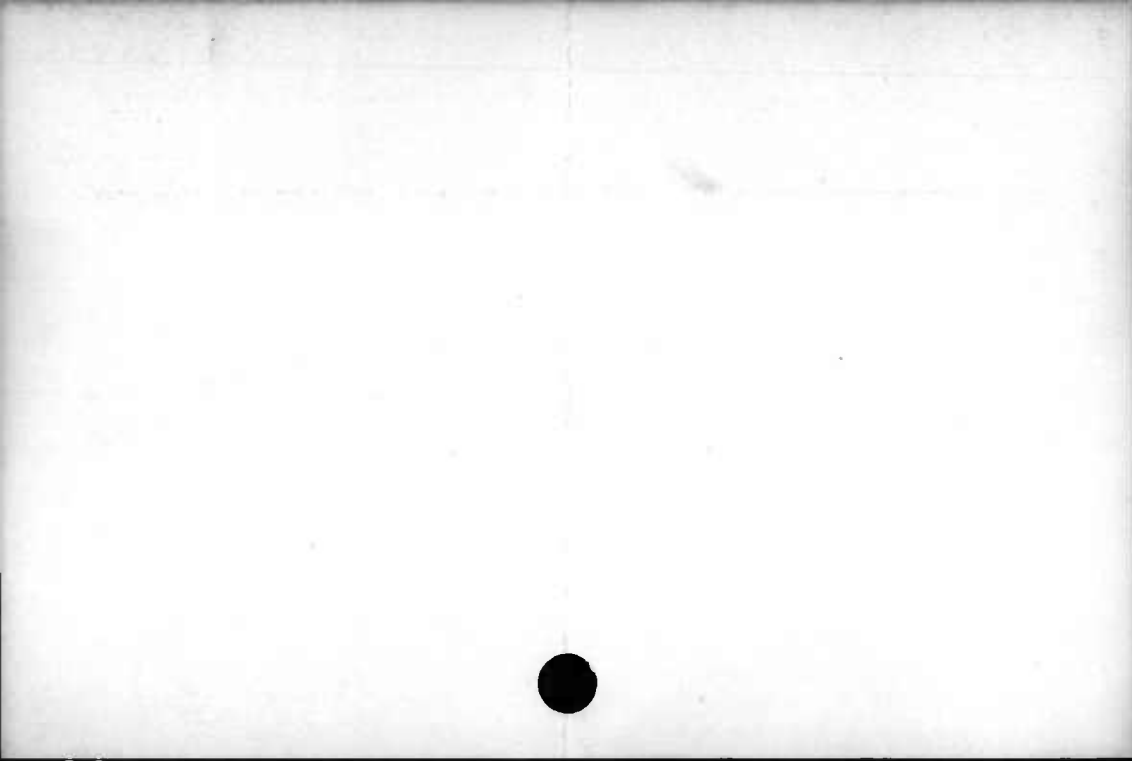
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wreelham's</u> ^{Town}		<u>Anne</u> ^{County} <u>Hundel</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>August</u>	Day <u>17</u>	Age	Years	Months
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>A. H. G. Md</u>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Joseph Hughes</u>			Father's Birthplace <u>Wreelham's Md</u>		
Mother's Maiden Name <u>Catherine Green</u>			Mother's Birthplace <u>Wreelham's Md</u>		
Name of person giving information <u>Joseph Hughes</u>			How related to deceased <u>Teacher -</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Improper Food & Cholera Infantum</u>	How long	<u>2 months</u>
Immediate	<u>Dysentery -</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. R. Wmerson</u>	
		Address <u>Md -</u>	
Accident or Suicide?			



Certificate of Death

Louis Leaces.

Died at ^{Town} *Millersville*, ^{County} *Anne Arundel* MARYLAND

Date 1902
Male
~~Female~~
White
~~Colored~~
Married
~~Single~~
Widow
~~Widower~~
Divorced
~~Number of children living~~
Native of
~~Occupation~~

Husband of _____
Wife _____

Father's Name Walter Isaac Mother's Maiden Name Ida Green

Cause of	Primary	Cholera Infantum	How long sick	1 Month
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by *Dr H. B. Gantt per J. W. Davis*

Address Millersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month 8	Day 28	Age	Years	Months 11	Days
Sex Male		Color or Race White		Birth-place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Jas. Jenkins				Father's Birthplace Md			
Mother's Maiden Name Fanny Jordan				Mother's Birthplace Md			
Name of person giving information Jas Jenkins				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Meningitis		5 weeks	
Immediate		How long	
Illia Coletis		105	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Chas A Brooke		Brooklyn	
Accident or Suicide?			



Name in Full

Certificate of Death

Maria Johnson

Died at Annapolis Neck ^{Town} ^{County} AA MARYLAND

Date 1902 August 27th ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 68 yr ^{Native of} Md ^{Occupation} House-wif

☒ Male ☒ White ☒ Married ☒ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living Six

Husband of Samuel Johnson ^{3rd}

Wife

Father's Name Unknown ^{Mother's} Unknown ^{Maiden Name}

Cause of Death { Primary General Tuberculosis ^{How long sick} Seven months

Immediate Exhaustion ^{Accident, Suicide, Homicide}

Reported by John Ridout MD

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pearl goner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		County <i>Act</i>		MARYLAND	
Date of death 190 <i>2</i> Month <i>August</i> Day <i>1st</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Isaiah goner</i>			Father's Birthplace <i>Act county</i>		
Mother's Maiden Name <i>Sophie Evans</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Sophie Evans</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>Two weeks</i>
Immediate <i>Inanition + Asthenia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. N. E. Campbell</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

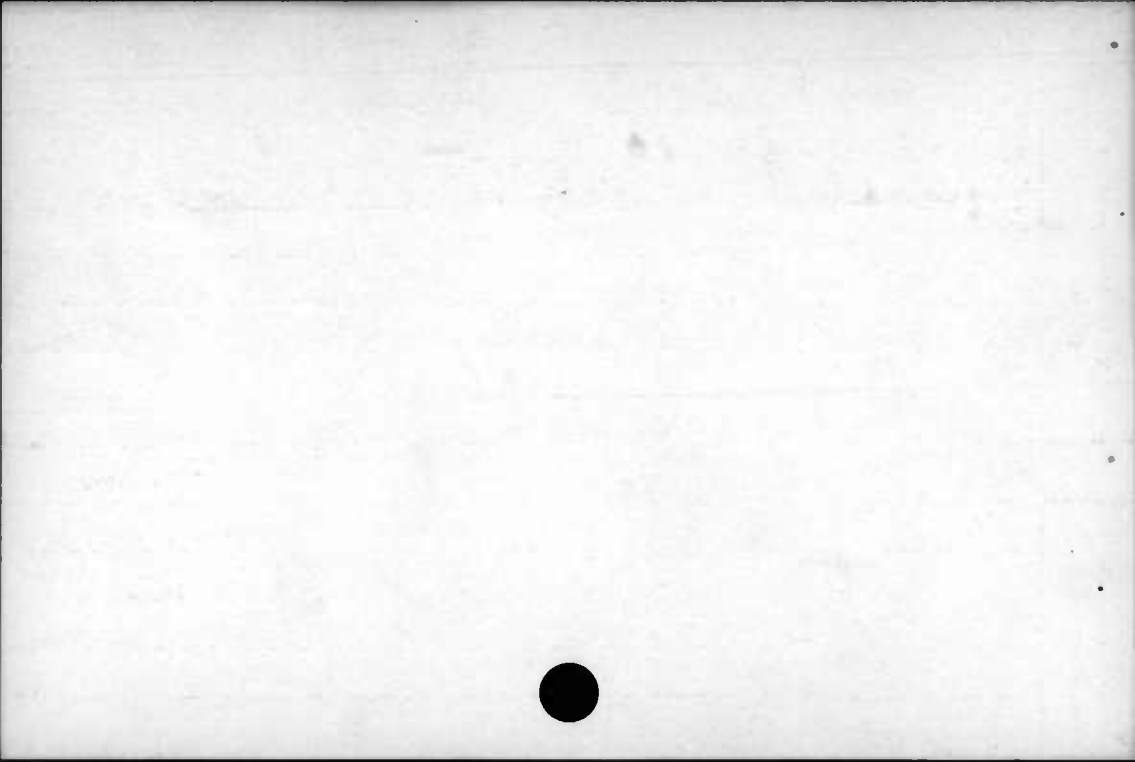
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Juglar</i>		County <i>D.C.</i>		MARYLAND	
Died at <i>East Brooklyn</i>		City		State	
Date of death 190 <i>2</i> Month <i>Aug</i> Day <i>10</i> Age <i>—</i> Years <i>—</i> Months <i>11</i> Days <i>—</i>		Sex <i>Female</i>		Color or Race <i>White</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>		Birth- place <i>East Brooklyn, Md.</i>	
Name of Wife or Husband <i>Joseph Juglar</i>					
Father's Name <i>Joseph Juglar</i>			Father's Birthplace <i>Brunswick</i>		
Mother's Maiden Name <i>Katharine Pruthi</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Joseph Juglar</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>105</i>	
Immediate <i>Enterocolitis</i>		How long <i>Saw child one time</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. B. Norton M.D.</i>	
Accident or Suicide?		Address <i>—</i>	



Name
in
Full

Virginia King

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Harwood

a.a.

Date

Month

Day

Years

Months

Days

of death 1902

Aug

21

Age

57

11

18

Sex

female

Color or
Race

white

Birth-
place

Maryland USA

Married Single
or Widowed

single

Occupation

nothing

Name of Wife or
HusbandFather's
Name

Benj King

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Virginia Price

Mother's
Birthplace

Calvert Co Md

Name of person giving
Information

Thos. King

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid

How long

about 2 wks

Immediate

Perforation

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Eugene Raterman

Address

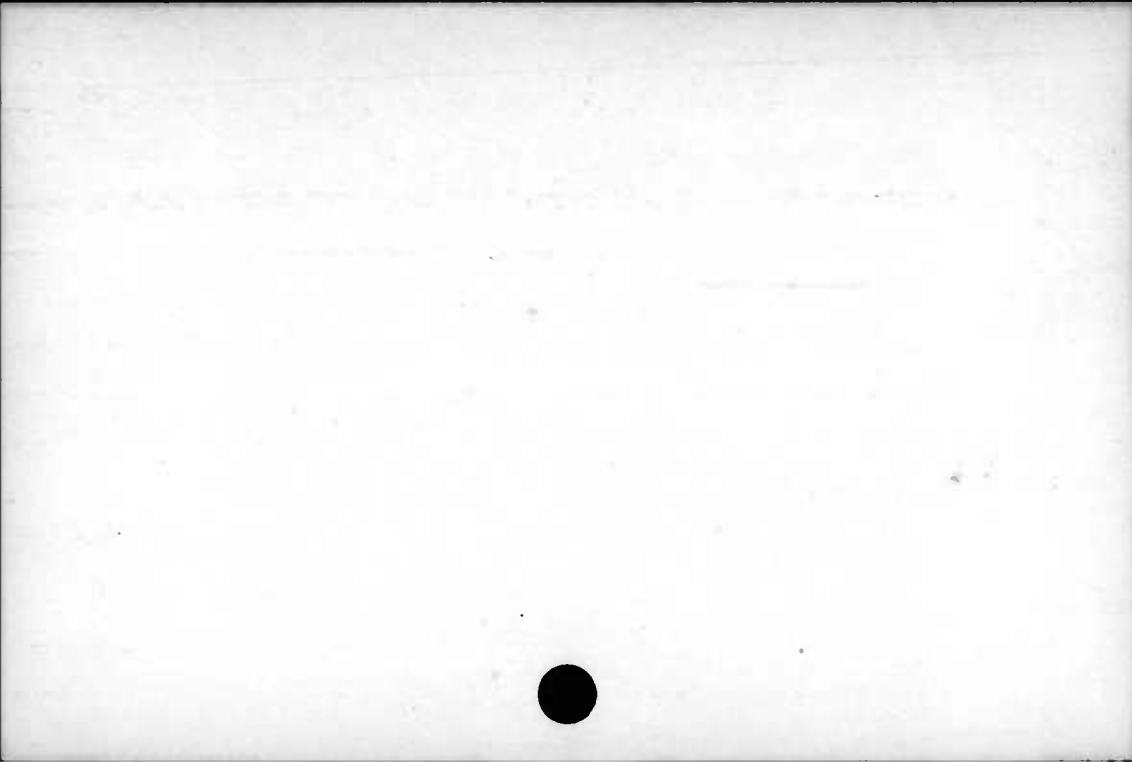
West River

Accident or Suicide?

Neither

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Henry Thomson Leitch

Town

County

Died at Loshian

Anne Arundel

MARYLAND

Date 1902	Month Aug.	Day 1	Y. 0	M. 3	D. 23	Native of Md	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name Charles Leitch

Mother's Maiden Name

Vidie Childs

Cause of Death Primary Inanition

Death Immediate

How long sick

all life

Accident, Suicide, Homicide

Reported by A. N. Perrie M.D.

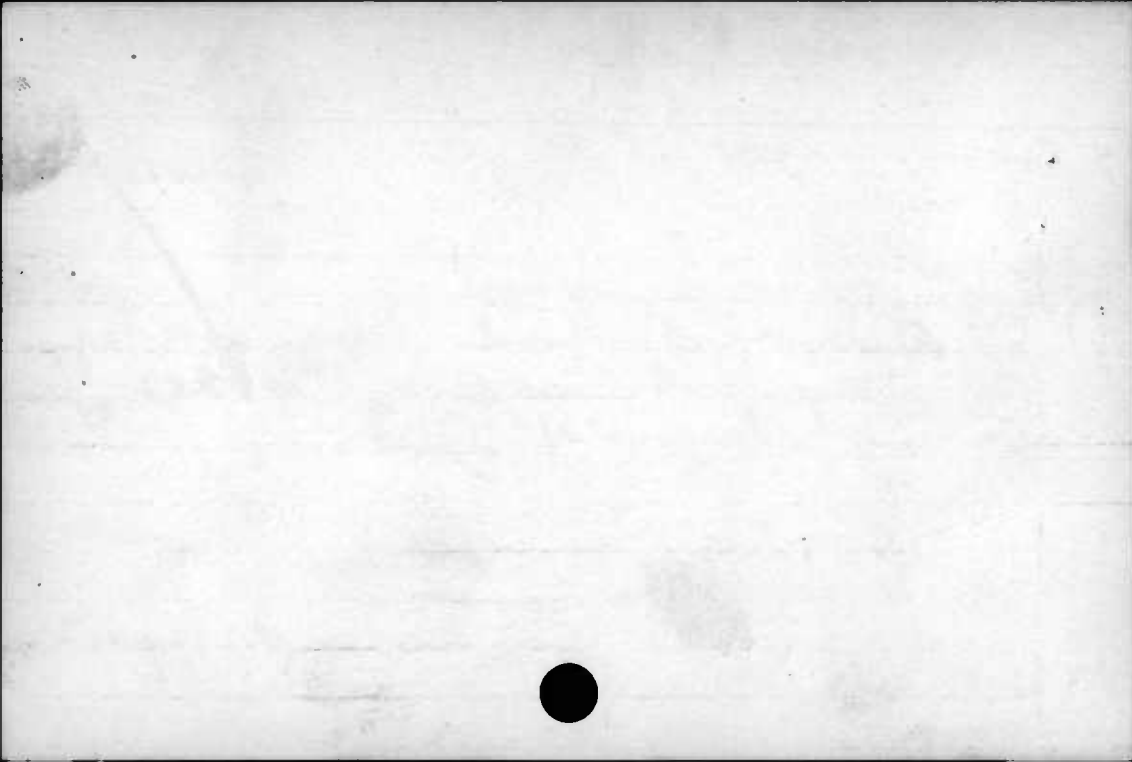
Address McKendree, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

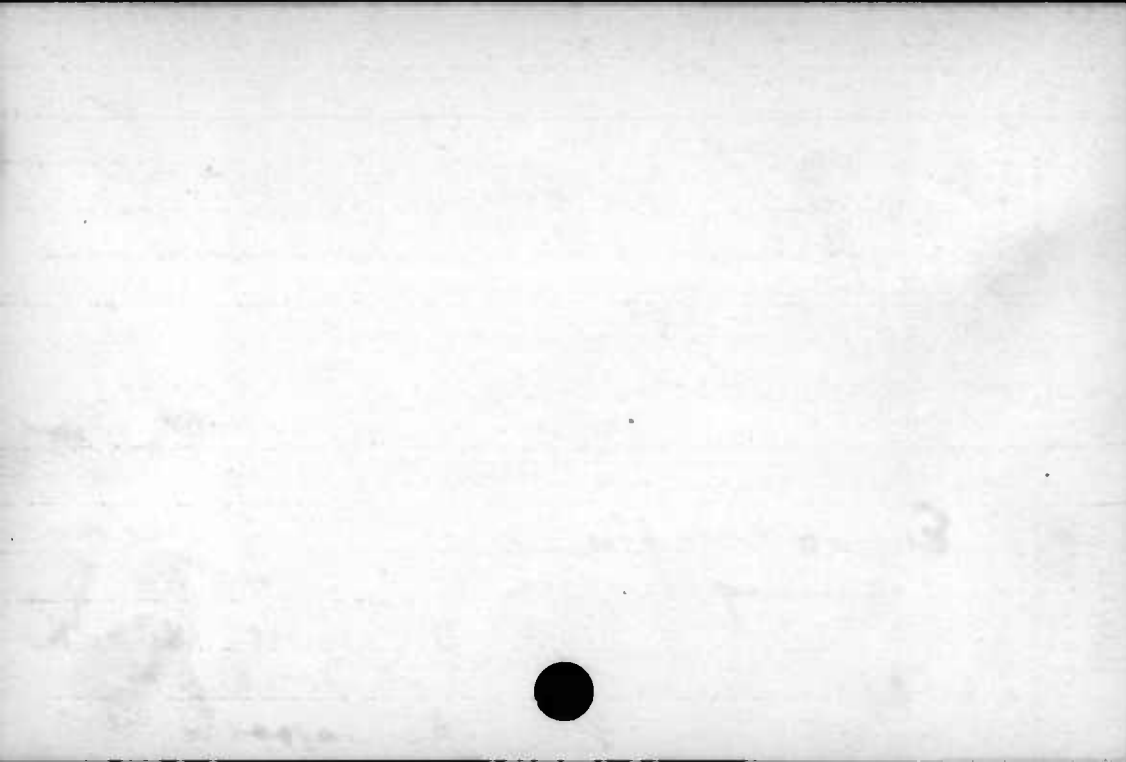
LIBRARY BUREAU, 79898



Name in Full		To be answered by nearest friend				CERTIFICATE OF DEATH			
No Name - Still born		Died at <u>Curtis Bay</u> Town		<u>W.D.</u> County		MARYLAND			
Date of death 190 <u>2</u> Month <u>Aug</u> Day <u>26</u>		Age <u>—</u> Years		Months <u>—</u>		Days <u>—</u>			
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Curtis Bay, Md</u>					
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>							
Name of Wife or Husband <u>—</u>									
Father's Name <u>Dominick Losinski</u>		Father's Birthplace <u>Russia</u>							
Mother's Maiden Name <u>Mary Miggard</u>		Mother's Birthplace <u>Russia</u>							
Name of person giving information <u>Mary Losinski</u>		How related to deceased <u>Mother</u>							
CAUSES OF DEATH									
Primary		<u>Still born</u>				How long <u>—</u>			
Immediate		<u>Still born</u>				How long <u>—</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. P. B. Horton MD</u>		Address <u>Curtis Bay, Md</u>					
Attended by <u>Midwife</u>		Accident or Suicide? <u>—</u>							



Name in Full		Bernard Lynch				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town			County		MARYLAND		
		Died at							
		Date of death 1902		Month August		Day 13		Age 1 year	
		Sex Boy		Color or Race White		Birth-place		Barnstable	
		Married, Single or Widowed		Occupation					
		Name of Wife or Husband		Mrs Hopkins					
		Father's Name		Bernard Lynch		Father's Birthplace		Boston	
Mother's Maiden Name		Augusta Chapman		Mother's Birthplace		Pleasant			
Name of person giving information		Bernard Lynch		How related to deceased		Son			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary			Enterocolitis			How long 3 weeks	
		Immediate			Meningitis			How long 48 hours	
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			H. Clement Claessens	
		I suppose they are			Address			558 John St Annapolis Md	
Accident or Suicide?									



Name in Full		Roland Mc Gowan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Inberculosis		How long		
		Immediate		Exhaustion		27 Months		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		No. Physician		
		ger		Address		Investigated by		
		Accident or Suicide?		Sealth Officer		✓		



Name
in
Full

Sarah Eliza Mountz

CERTIFICATE OF DEATH

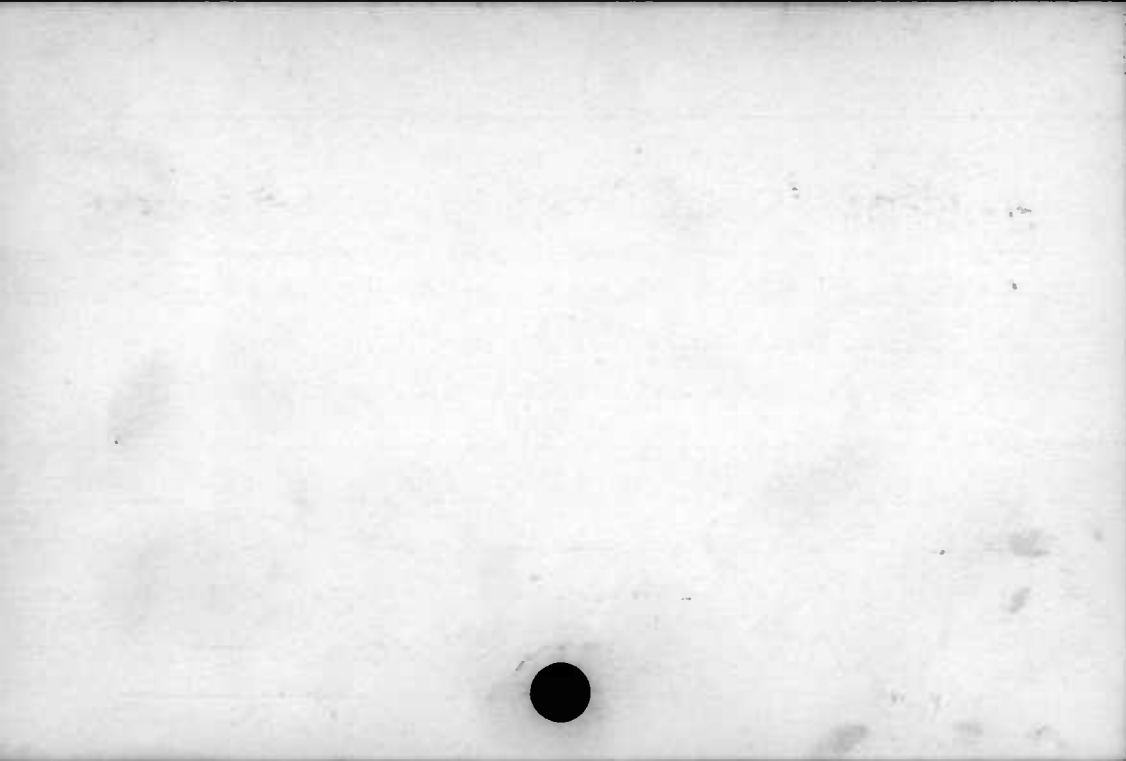
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		^{County} Anne Arundel		MARYLAND	
Date of death 1902	Month Aug	Day 17 th	Age 76	Months 6	Days 17
Sex female	Color Race white	Birth-place A. Aleo.			
Married Single or Widowed	Widow		Occupation		
Name of Wife or Husband Alexander Mountz					
Father's Name Robert B. Moss.			Father's Birthplace A. Aleo.		
Mother's Maiden Name Ruth E. Meedon			Mother's Birthplace A. Aleo.		
Name of person giving Information Arthur B. Carter			How related to deceased Son in Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	near 2 years
Immediate	Cerebritis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. R. Walton MD	
		Address Annapolis	
Accident or Suicide?		on a	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND
	Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>24</i>	Years <i>-</i>	Months <i>-</i> Days <i>24</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Annapolis</i>	
	Married, Single or Widowed <i>-</i>		Occupation <i>-</i>		
	Name of Wife or Husband <i>-</i>				
	Father's Name <i>J B Ogden</i>			Father's Birthplace <i>Calvert Co</i>	
	Mother's Maiden Name <i>Julia B Collison</i>			Mother's Birthplace <i>A A Co</i>	
Name of person giving information <i>J B Ogden</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Aphthous Stomatitis</i>			How long <i>2 weeks</i>	
	Immediate <i>Gastro-Enteritis</i>			How long <i>1 week</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Wm J Welch</i>	
				Address <i>Annapolis</i>	
Accident or Suicide? <i>-</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Mary Virginia Owens				County		MARYLAND	
Died at		Leobh		June		Arundel			
Date of death 190		2 Aug.		10		Age 74		Months	
Sex		Female		Color or Race		Black		Birth-place	
Married, Single or Widowed		married		Occupation		Housewife			
Name of Wife or Husband		William Owens		Father's Name		Peter Young		Father's Birthplace	
Mother's Maiden Name		Rosetta Stevens		Mother's Birthplace					
Name of person giving information		William Owens		How related to deceased		Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		General debility - 154		How long		Several months	
Immediate		Aethaemia		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. N. Berrie M.D.	
				Address		Baltimore, Md.	
Assistant Coroner?							



Name
in
Full

Clarence Paddy

CERTIFICATE OF DEATH

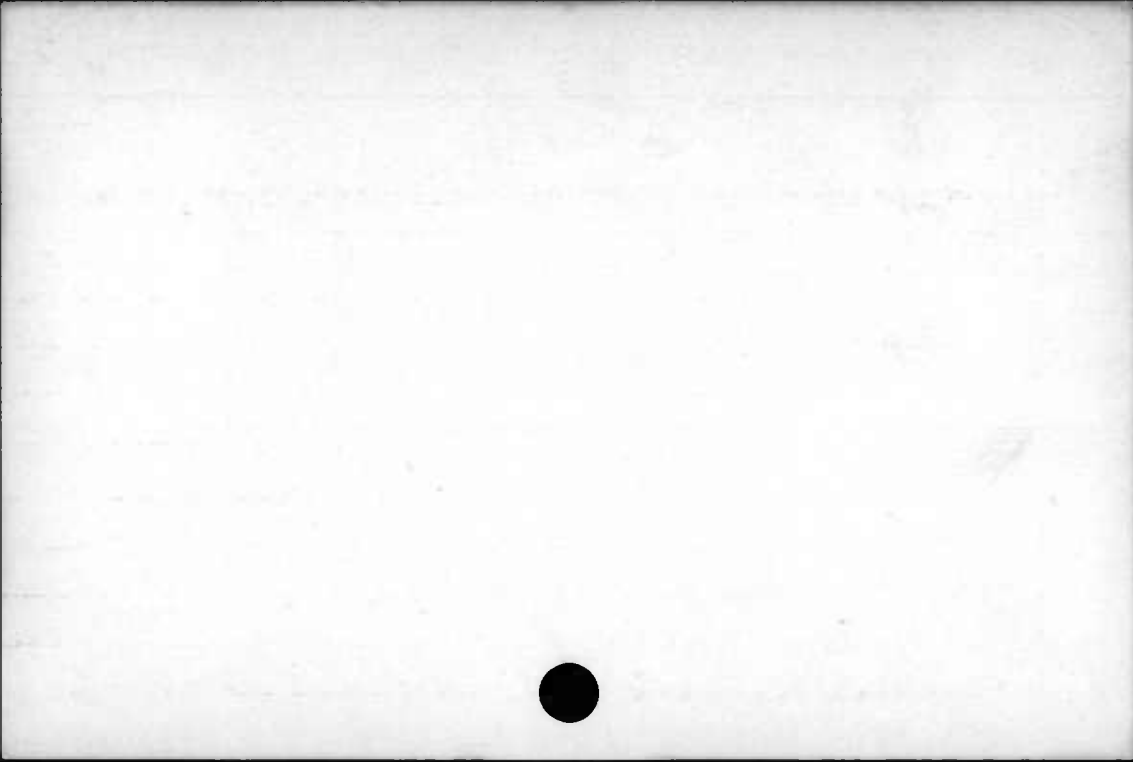
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>W River</u> Town		<u>aa</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Aug</u>	Day <u>5th</u>	Age <u> </u>	Months <u>3</u>	Days <u> </u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>W River Md</u>			
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Joseph Paddy</u>			Father's Birthplace <u>Calvert Md</u>		
Mother's Maiden Name <u>Anna Bailey</u>			Mother's Birthplace <u>Calvert md</u>		
Name of person giving information <u>Mrs Smith Ward</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>12 hours</u>
Immediate <u>Unknown</u>	How long <u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Es W. Katermer</u>
	Address <u>W River</u>
Accident or Suicide? <u>Neither</u>	<u>Md</u>



Virginia Parrott.

Died at ^{Town} South River ^{County} Anne Arundel MARYLAND

Date 1902 Aug 20 Age 0 11 22 Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

103

Father's Name John Parrott Mother's Maiden Name Blanche Howard

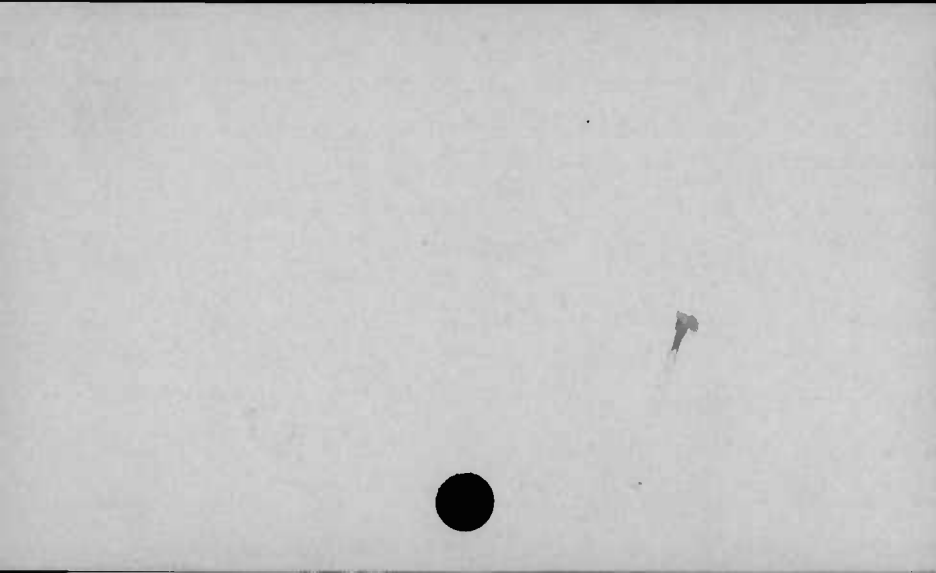
Cause of Primary Death Leething How long sick 3 weeks

Death Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by John Collinson

Address South River Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> ^{Town}		<i>AA</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>8</i>	Years <i>17</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Batte Md</i>		
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name <i>Louis Pfeffer</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Alice Pfeffer nee Hoffman</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Geo A Arnold</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>172</i>
Immediate <i>Strangulation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr L. Hawkin con</i>
	Address <i>Brooklyn Md</i>
Accident or Suicide?	



Name in Full		Unnamed Phipps		CERTIFICATE OF DEATH	
Died at		Churchton		A. A.	
Date of death 1902		Aug 17		Age 3	
Sex Female		Color or Race White		Birthplace Churchton, Md	
Married, Single or Widowed		Single		Occupation None	
Name of Wife or Husband					
Father's Name		John Louis Phipps		Father's Birthplace Churchton Md	
Mother's Maiden Name		Emma Virginia Phipps		Mother's Birthplace Churchton Md	
Name of person giving information		John Louis Phipps		How related to deceased Father	
CAUSES OF DEATH					
Primary		Suppression of voice		How long 3 days	
Immediate		Convulsions		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Geo. T. Dent M.D.	
		Address		Churchton Md	
Accident or Suicide?					



Name
in
Full

Mary Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 190		2	Month August	22 nd	Day	35	Years
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		House-work	
Name of Wife or Husband							
Father's Name				Edward Price			
Father's Birthplace				AA county			
Mother's Maiden Name				Malinda Murray			
Mother's Birthplace				AA county			
Name of person giving Information				Malinda Murray			
How related to deceased				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilis	How long	Months
Immediate	Exhaustion	How long	36
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis	
		Md	
Accident or Suicide?			



Name
in
Full

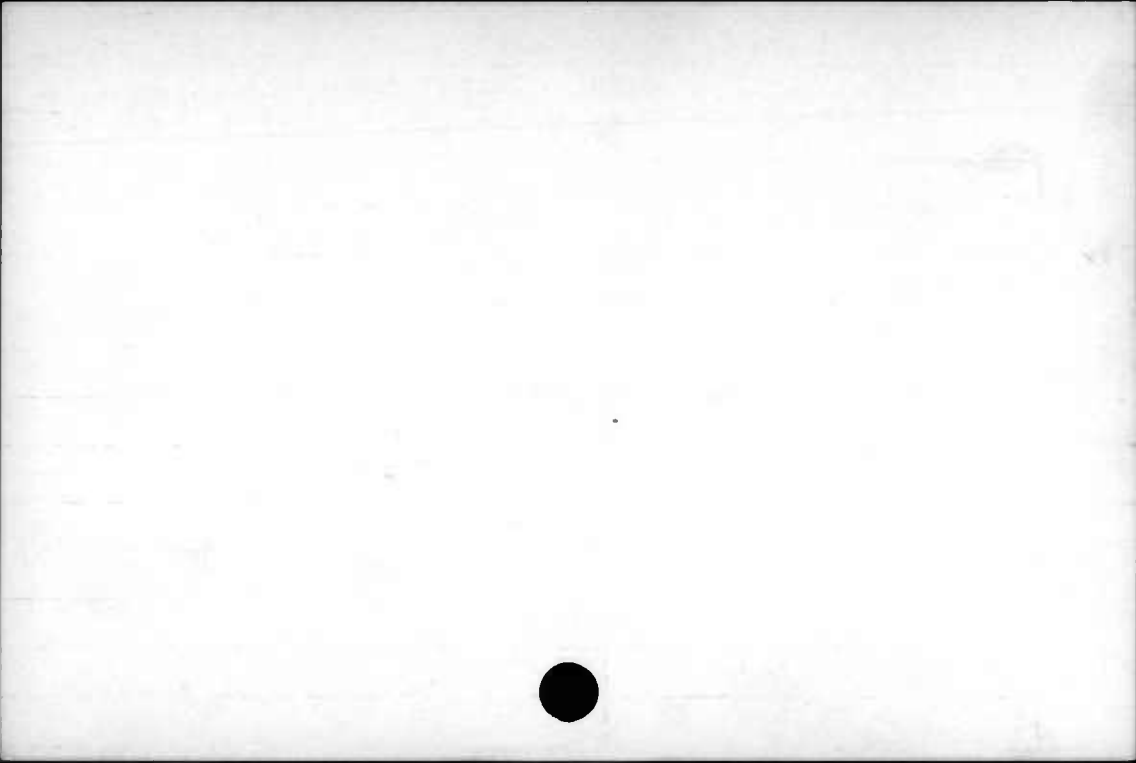
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joe Rathell Sr</i>		Town <i>Brooklyn</i>		County <i>Alle</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>8</i>		Day <i>5</i>	
Age <i>73</i>		Years <i>73</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Lab</i>					
Name of Wife or Husband <i>Mary Elizabeth Rathell</i>							
Father's Name <i>-</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>					
Name of person giving In formation <i>Joe Rathell Jr</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>	How long <i>120 1 yr</i>
	Immediate <i>-</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas H Brooke</i>
		Address <i>✓</i>
	Accident or Suicide? <i>✓</i>	



Name
in
Full

Tella Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death 190		2	Month	August	Day	15 th	Age	8	Years	6	Months	Days
Sex		Female		Color or Race		colored		Birth-place		Annapolis		
Married, Single or Widowed				Occupation		School - Girl						
Name of Wife or Husband												
Father's Name		John Richardson		Father's Birthplace		Annapolis						
Mother's Maiden Name		Bernelia Richardson		Mother's Birthplace		Annapolis						
Name of person giving information		John Richardson		How related to deceased		Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Intercurlosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John Ridout M.D.	
Address		Annapolis Md	
Accident or Suicide?			



Name
in
Full

Rachel Jane Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} East Port.^{County} Anne Arundel

MARYLAND

Date of death 1902 ^{Month} Aug. ^{Day} 12.Age ^{Years} 58.^{Months} 9 ^{Days} -

Sex Female

Color or Race White

Birth-place Annapolis

Married, Single or Widowed Married

Occupation Housewife

Name of Wife or Husband Charles Robinson

Father's Name Charles Puckett

Father's Birthplace Maine

Mother's Maiden Name Jane Watkins

Mother's Birthplace Annapolis

Name of person giving information Jane W. Puckett

How related to deceased Sister in Law

CAUSES OF DEATH

Primary

Pneumonia 93

How long 5 days

Immediate

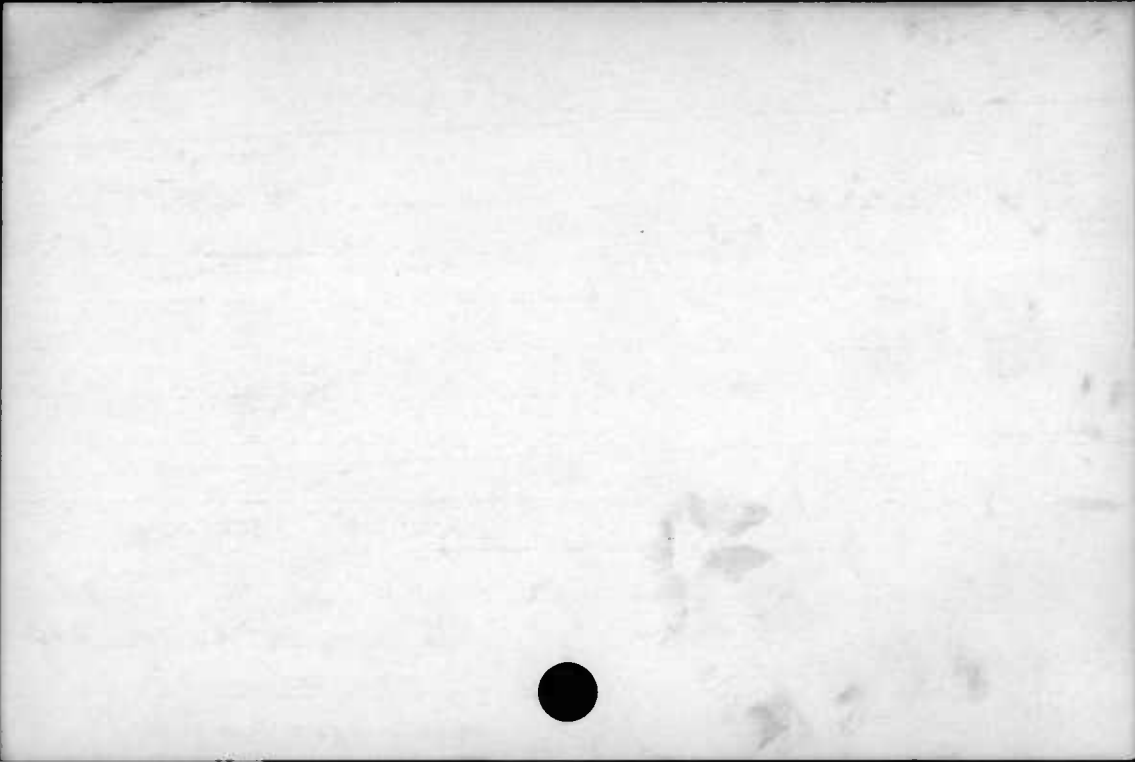
How long

Are the name, age, sex, color, date and place correctly given above? yes -

Signature of Physician H. Clemens

Address 5 St. John St.,
Annapolis, Md.PHYSICIAN
OR CORONER

A. J. J. J. J.



Name
in
Full

Frances Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seale</u> Town		<u>A.A.</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Aug</u>	Day <u>19</u>	Age <u>19</u> Years	Months <u>2</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Seale, Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>H.C. Rogers</u>			Father's Birthplace <u>Antioch Md.</u>		
Mother's Maiden Name <u>Maggie Whittington</u>			Mother's Birthplace <u>Antioch, Md.</u>		
Name of person giving Information <u>H.C. Rogers</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. T. Dent M.D.</u>	
		Address <u>Pharmington</u>	
Accident or Suicide?			



Name
in
Full

William Otty Savages.

CERTIFICATE OF DEATH

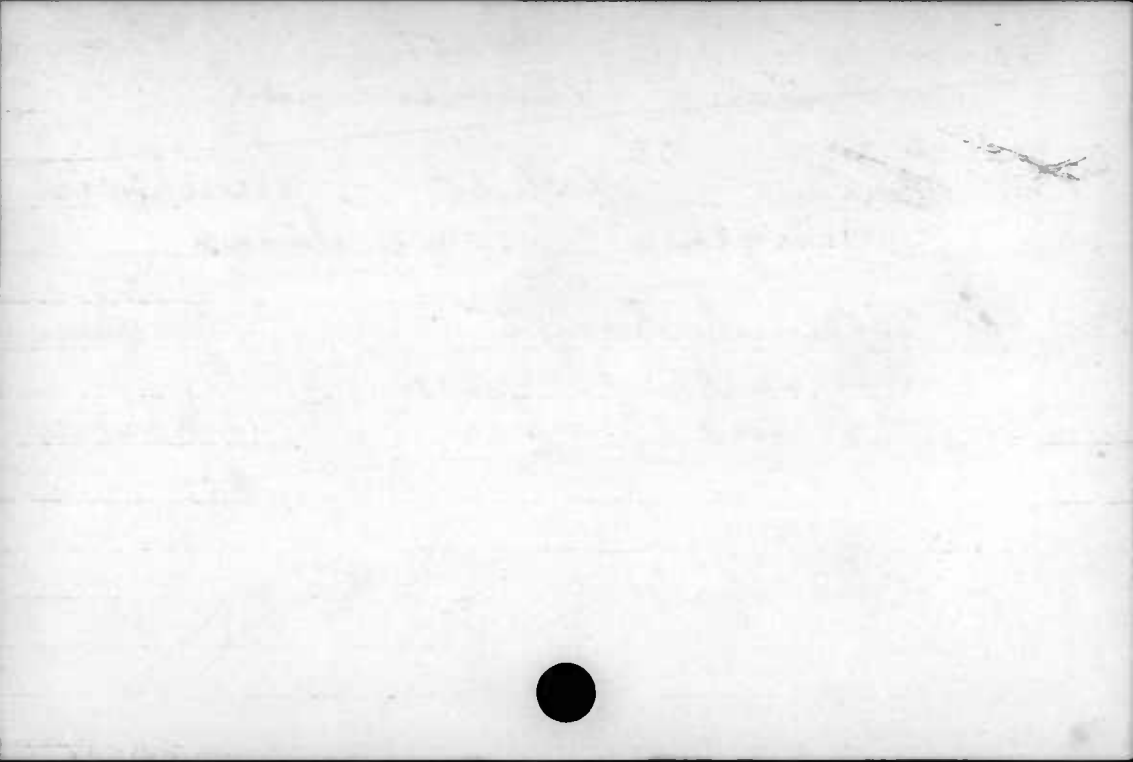
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug.</i>	Day <i>1</i> st.	Age <i>1</i> Years	Months <i>8</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband _____					
Father's Name <i>John Savages</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Addie Francis Gadd</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>John Savages</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>8 days</i>
Immediate <i>Adynamia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>;</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

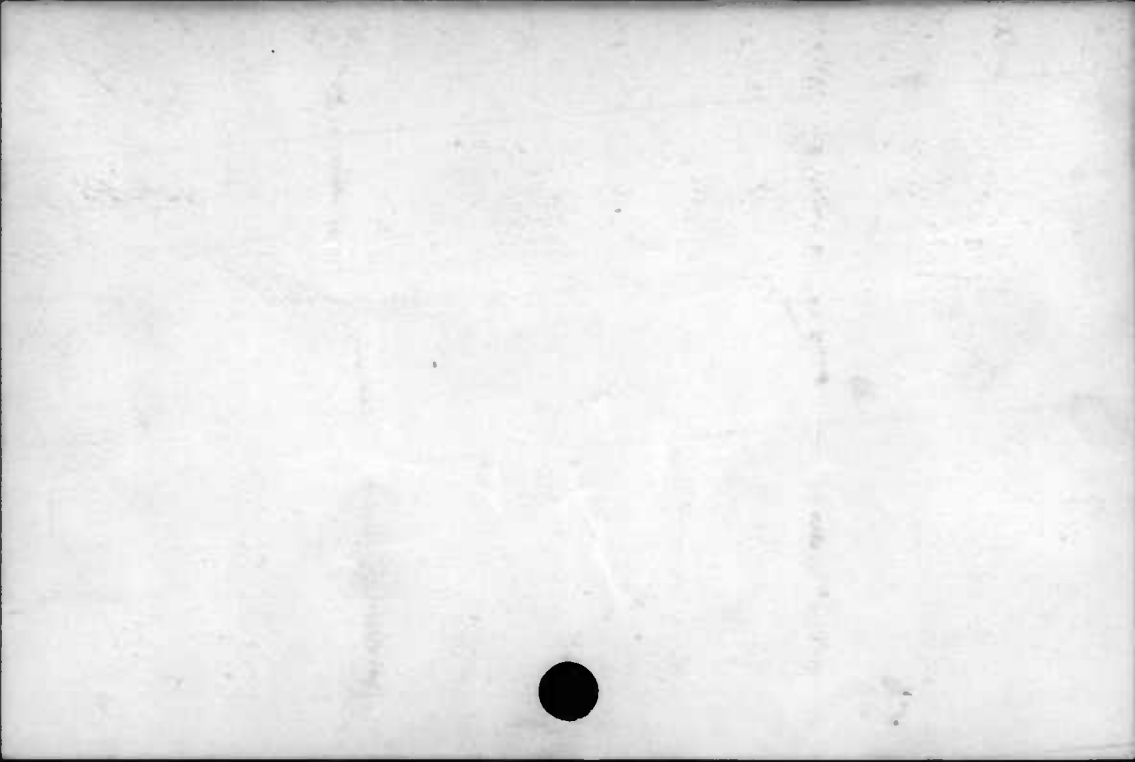
MARYLAND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County	
Date of death 190 <i>2</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>17</i> 18 19	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		Months <i>14</i> Days	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Sam'l Scott</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Bessie Bias</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Katherine Bias</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Umbilical Hemorrhage</i>		Heart	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Thompson M.D.</i>	
		Address <i>3 Church St. Annapolis Md.</i>	
Accident or Suicide?			



Name in Full		Mary Miller Scott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne Arundel		MARYLAND	
	Date of death 1903	Month Aug.	Day 1st	Age 81	Months 5	Days	
	Sex	Female		Color or Race	White		Birth- place
	Married, Single or Widowed		Single		Occupation		Seamstress
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
				<div>CAUSES OF DEATH</div>			
PHYSICIAN OR CORONER	Primary				How long		
	Cancer Stomach 40				1 Month		
	Immediate				How long		
	Exhaustion						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				H. R. Walton			
				Address			
				Annapolis Md			
Accident or Suicide?							



Name
in
Full

No Name Still born

CERTIFICATE OF DEATH

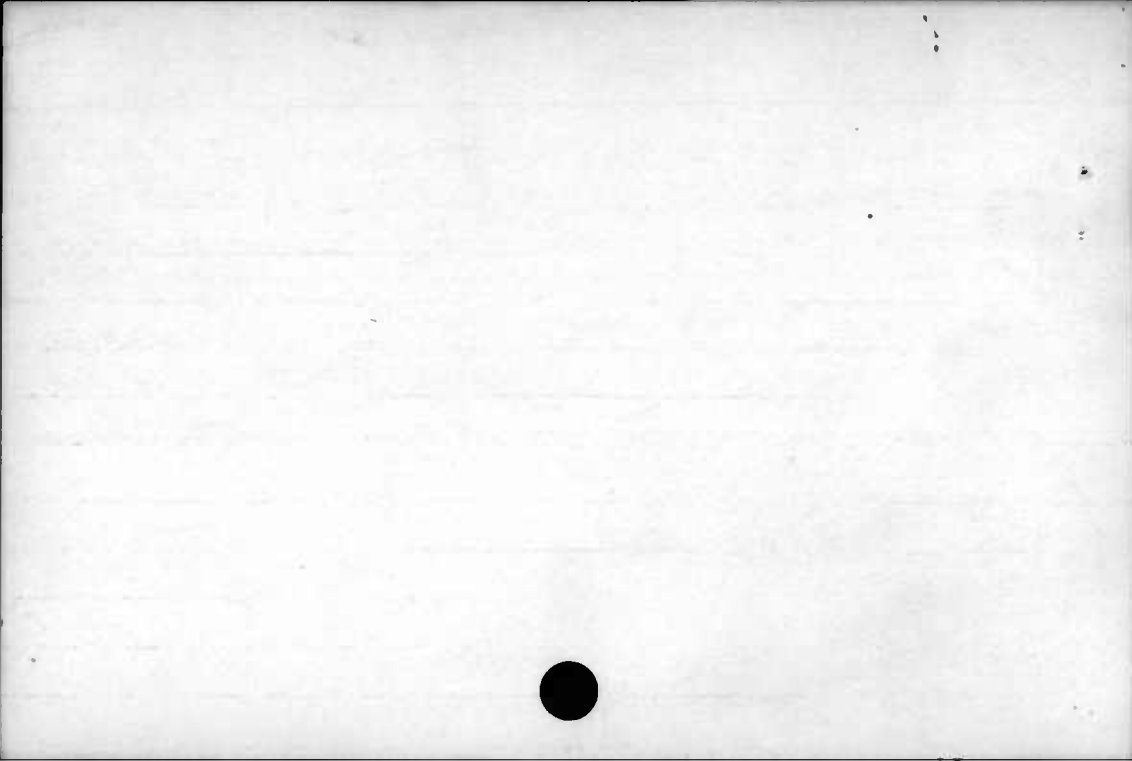
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Curtis Bay		^{County} aa-		MARYLAND	
Date of death 190	2	Month	Aug	Days	2
Sex	male	Age	—	Years	—
Color or Race	White	Birth-place	Curtis Bay	Months	—
Married, Single or Widowed	—	Occupation	—	Days	—
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	—
Immediate	Still born	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. Horton M.D.
Attended by midwife	—	Address	Curtis Bay Md.
Accident or Suicide	—		



Name in Full

Certificate of Death

Augusta Cary Thomas

Town

County

Died at Annapolis Anne Arundel

MARYLAND

Date 1902 Aug 2 Y. M. D. Age 10 17 Native of Ind Occupation L

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name John F. Thomas

Mother's Name Elizabeth Caryman

Cause of Primary

Hydrocephalus

How long sick

4 mos.

Death Immediate

Marasmus

Accident, Suicide, Homicide

Reported by

S. S. Hepler Ind.

Address

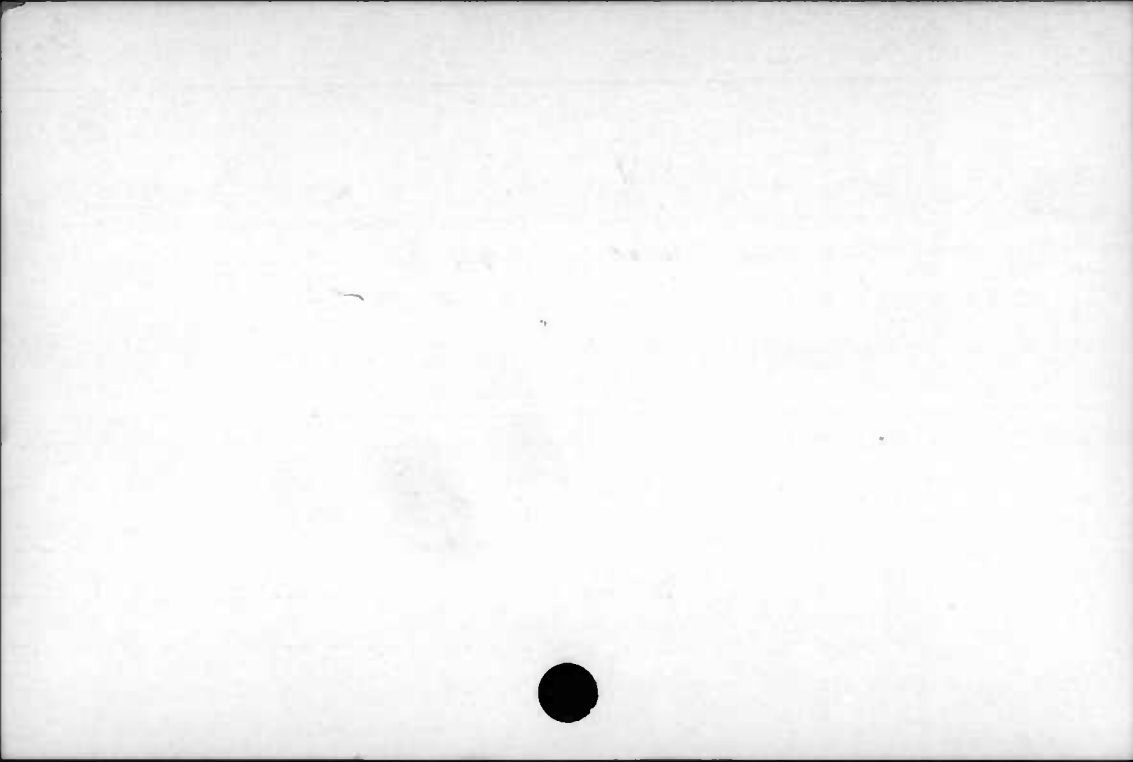
Annapolis, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name in Full		Margaret Tucker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>West River</u> <small>Town</small>		<u>a.a.</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>2</u> <small>Month</small> <u>Aug</u> <small>Day</small>		<u>29</u> <small>Age</small>		<u>51</u> <small>Months</small> <u>20</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>West River Md</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>Nothing</u>			
		Name of Wife or Husband					
		Father's Name <u>Oden Tucker</u>				Father's Birthplace <u>Dovidemville Md</u>	
		Mother's Maiden Name <u>Fanny Harris</u>				Mother's Birthplace <u>South River Md</u>	
Name of person giving Information <u>Oden Tucker</u>				How related to deceased <u>Father</u>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Cholera Infantum</u>				How long <u>24 hours</u>	
		Immediate <u>Unknown</u>				How long <u>Unknown</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>Edw Ratimer Md</u>	
		Accident or Suicide? <u>Neither</u>				Address <u>West River Md</u>	



Name in Full		James Walker				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> Town			County <u>AA</u>			MARYLAND	
		Date of death 190 <u>2</u> August		Day <u>13th</u> Age		Months <u>2</u>		Days <u>13</u>	
		Sex <u>Female</u>		Color or Race <u>colored</u>			Birth-place <u>Annapolis</u>		
		Married, Single or Widowed <u>—</u>				Occupation <u>—</u>			
		Name of Wife or Husband <u>—</u>							
		Father's Name <u>Pete Walker</u>				Father's Birthplace <u>Annapolis</u>			
		Mother's Maiden Name <u>Mattie Anderson</u>				Mother's Birthplace <u>Annapolis</u>			
PHYSICIAN OR CORONER		Name of person giving information <u>Margaret Anderson</u>				How related to deceased <u>Grand Mother</u>			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Marasmus</u>				How long <u>Six weeks</u>			
		Immediate <u>Exhaustion</u>				How long <u>105</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>John Ridout M.D.</u>			
						Address <u>Annapolis Md</u>			
		Accident or Suicide? <u>—</u>							



Name in Full

Certificate of Death

Philemon Dorsey Warfield

Town

County

Died at Cambridge Anne Arundel

MARYLAND

Date	19	02	Month	Day	Y.	M.	D.	Native of	Occupation
			8.	1.	Age	53.	3.	5	Maryland Farmer
			Male	White	Married	Widow	Divorced		
			Female	Colored	Single	Widower	Number of children living		One

Husband of Carry Dorsey Warfield

Father's Name Lemuel Warfield

Mother's Name Elizabeth W. Dvirings.

Cause of Death { Primary Heart disease Organic 5 years

Death { Immediate Paralysis of the brain

How long sick 5 years

Accident, Suicide, Homicide

Reported by E. D. Jaych acting coroner

Address Millersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph S. Watts Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A.A.</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month} <u>August</u> ^{Day}	<u>1st</u> ^{Years}	Age	<u>11</u> ^{Months}	<u>13</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth- place <u>Annapolis</u>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Joseph S. Watts</u>			Father's Birthplace <u>A.A. County</u>		
Mother's Maiden Name <u>Nettie Carter</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving Information <u>Nettie Watts</u>			<u>105</u> How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>Eight days</u>
Immediate <u>Inanition & Asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>Yes</u>	Address <u>Annapolis</u> <u>MD</u>
Accident or Suicide?	



Name
in
Full

Ernestine Josephine Wilson

CERTIFICATE OF DEATH

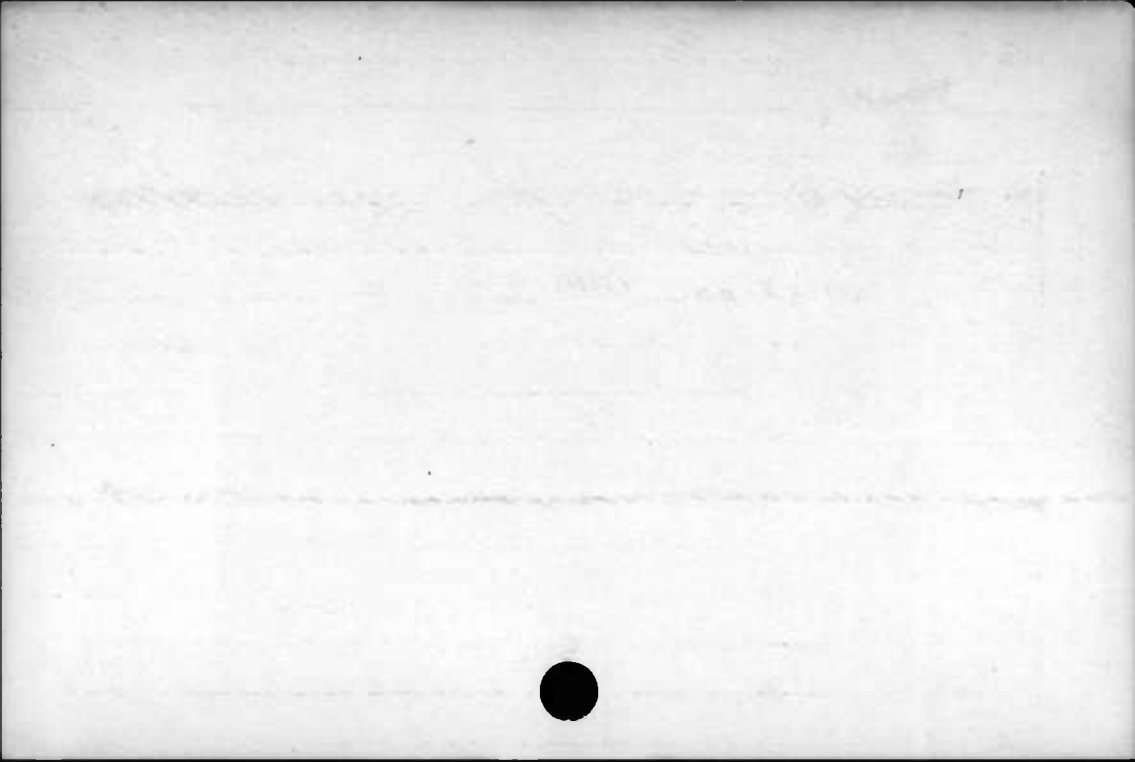
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i> <small>Town</small>		<i>H A</i> <small>County</small>		MARYLAND	
Date of death 190	<i>2</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>27</i> <small>Age</small>	<i>38</i> <small>Years</small>	<i>10</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>Hair dresser</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Bernard Cassin</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Christine Muth</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Georgia Feldpusch</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Dent, M.D.</i>
	Address <i>Churchton Md</i>
Accident or Suicide?	



William Carl Witt

Town

County

Died at Mays Anne Arundel

MARYLAND

Date 1912 Aug 17 Age 62 1/2 Native of Md
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

105

Father's Name William Witt Mother's Name Soratha Benzine
 Maiden Name

Cause of Death Primary Letting
 Immediate Cholera Infantum
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by John Culler

Address South River Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah E. Wood


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooklyn</i>		County <i>a a</i>		MARYLAND	
Date of death 190	2	Month 8	Day 20	Age 23	Years	Months -	Days -
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>md</i>
Married, Single or Widowed				<i>Widow</i>			
				Occupation <i>Housewife</i>			
Name of Wife or Husband -							
Father's Name						<i>Saml Wood</i>	
						Father's Birthplace	
Mother's Maiden Name						-	
Name of person giving in formation						<i>H. J. Dunning</i>	
						How related to deceased	
						-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>154</i>
Immediate	<i>exhaustion</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. B. Brook</i>	
		Address	
			
Accident or Suicide?			



Name
in
Full

Louisa Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Anne Arundel					
Date of death 190	2	Month	Aug.	Day	10 th	Age	70
Sex	Female		Color or Race	Colored		Birth-place	Hartford Conn
Married, Single or Widowed	Widow		Occupation		Housework		
Name of Wife or Husband				Thomas Young			
Father's Name				Not known			
Mother's Maiden Name				Louisa Harris			
Name of person giving information				Mrs. Hamilton			
Father's Birthplace				West Virg.			
Mother's Birthplace							
How related to deceased				Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulcer of leg.		How long	35 years
Immediate	Loss Vitality		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		W. C. Campbell		
		Address		
		11 Second St.		
Accident or Suicide?				

